

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	UTILITY CONNECTION STATION
Attorney Docket Number::	048675-0111
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	8
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Application::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kristine E.
Family Name::	Lichtscheidl
City of Residence::	St. Francis

State or Province of Minnesota
Residence::
Country of Residence:: US
Street of mailing address:: 23843 Germanium Street NW
City of mailing address:: St. Francis
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark A.
Family Name:: Schaffner
City of Residence:: Maple Grove
State or Province of Minnesota

Residence::
Country of Residence:: US
Street of mailing address:: 7215 Weston Lane N
City of mailing address:: Maple Grove
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55311

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas E.

Family Name:: Kramer
City of Residence:: Coon Rapids
State or Province of Minnesota
Residence::
Country of Residence:: US
Street of mailing address:: 13228 Bittersweet Street NW
City of mailing address:: Coon Rapids
State or Province of mailing MN
address::
Postal or Zip Code of mailing 55448
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Fusu
Family Name:: Thao
City of Residence:: St. Paul
State or Province of Minnesota
Residence::
Country of Residence:: US
Street of mailing address:: 1046 Farrington Street
City of mailing address:: St. Paul
State or Province of mailing MN
address::
Postal or Zip Code of mailing 55117
address::

Correspondence Information

Correspondence Customer Number:: 26371

E-Mail address:: PTOMailMilwaukee@Foley.com

Representative Information

Representative Customer Number::	26371	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Fiskars Brands, Inc.